

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PH</i>	67814	5/18/53
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		7508	3-18-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 # Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10/15/50
2	✓	✓	10/15/50
3	✓	✓	10/15/50
4	✓	✓	10/15/50
5	✓	✓	10/15/50
6	✓	✓	10/15/50
7	✓	✓	10/15/50
8	✓	✓	10/15/50
9	✓	✓	10/15/50
10	✓	✓	10/15/50
11	✓	✓	10/15/50
12	✓	✓	10/15/50
13	✓	✓	10/15/50
14	✓	✓	10/15/50
15	✓	✓	10/15/50
16	✓	✓	10/15/50
17	✓	✓	10/15/50
18	✓	✓	10/15/50
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25	✓	✓	10/15/50
26	✓	✓	10/15/50
27	✓	✓	10/15/50
28	✓	✓	10/15/50
29	✓	✓	10/15/50
30	✓	✓	10/15/50
31	✓	✓	10/15/50
32	✓	✓	10/15/50
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46	✓	✓	10/15/50
47	✓	✓	10/15/50
48	✓	✓	10/15/50
49	✓	✓	10/15/50
50	✓	✓	10/15/50

Claim	Final	Original	Date
51	✓	✓	10/15/50
52	✓	✓	10/15/50
53	✓	✓	10/15/50
54	✓	✓	10/15/50
55	✓	✓	10/15/50
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62	✓	✓	10/15/50
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66	✓	✓	10/15/50
67	✓	✓	10/15/50
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69	✓	✓	10/15/50
70	✓	✓	10/15/50
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72	✓	✓	10/15/50
73	✓	✓	10/15/50
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77	✓	✓	10/15/50
78	✓	✓	10/15/50
79	✓	✓	10/15/50
80	✓	✓	10/15/50
81	✓	✓	10/15/50
82	✓	✓	10/15/50
83	✓	✓	10/15/50
84	✓	✓	10/15/50
85	✓	✓	10/15/50
86	✓	✓	10/15/50
87	✓	✓	10/15/50
88	✓	✓	10/15/50
89	✓	✓	10/15/50
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97	✓	✓	10/15/50
98	✓	✓	10/15/50
99	✓	✓	10/15/50
100	✓	✓	10/15/50

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

Best Available Copy